

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Herewith

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

PATTERN RECOGNITION METHOD FOR  
DIAGNOSIS OF SYSTEMIC AUTOIMMUNE  
DISEASES

Attorney Docket Number::

02558B-063710US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

6

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: R.  
Family Name:: Binder  
Name Suffix::  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2506 Hawthorne Terrace  
City of Mailing Address:: Berkeley  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94708

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name::  
Family Name:: Glossenger  
Name Suffix::  
City of Residence:: Benicia  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 150 Rankin Way, No. 87  
City of Mailing Address:: Benicia  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94510

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/691,405	10/17/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::